

# EXHIBIT B

STATE OF ALABAMA           )  
  )  
DALE COUNTY                 )

**AMENDED AFFIDAVIT OF PENNY WESTRICK**

1. My name is Penny Westrick. I am over 21 years of age and I am employed with Army Fleet Support, LLC ("AFS"). I currently serve as Program Coordinator of Benefits for AFS's operations at Fort Rucker. I have held my current position since October 2004. Prior to holding my current position, I was a personnel specialist assigned to the benefits area. The facts in this affidavit are based upon my own personal knowledge and/or review of documents kept in the normal course of business by AFS.

2. In January 2004, P. D., an Aircraft Mechanic, was involved in a motor vehicle accident. Ms. D. suffered neck injuries that required on-going treatment. Subsequent to that accident, Ms. D. was placed on short-term disability leave.

3. Ms. D. returned to work on June 29, 2004. Ms. D. was released to return to work, with temporary restrictions, until August 5, 2004 when she would have surgery. Field Manager George Anderson determined Ms. D.'s temporary restrictions could be accommodated through her scheduled surgery date. Attached hereto as Exhibit 1 are true and accurate copies of documents related to Ms. D.'s return to work on June 29, 2004.

4. On August 11, 2004, Ms. D. was placed on short-term disability leave for surgery and subsequent recovery. She returned to work on February 23, 2005 with work restrictions of "no lifting over 25 pounds, no climbing and no excessive bending." There was no indication these restrictions were permanent. Mr. Anderson determined Ms. D.'s temporary medical restrictions could be accommodated. Attached hereto as Exhibit 2 are true

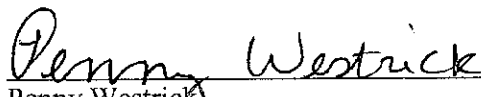
and accurate copies of documents related to Ms. D[REDACTED]'s return to work on February 23, 2005.

5. Ms. D[REDACTED] went out on short-term disability leave on July 15, 2005. She returned to work on January 12, 2006 with temporary work restrictions. Lowell Green, Field Manager, determined that Ms. D[REDACTED]'s temporary restrictions could be accommodated. Attached hereto as Exhibit 3 are true and accurate copies of documents related to Ms. D[REDACTED]'s return to work on January 12, 2006.

6. On April 5, 2006, Ms. D[REDACTED] was again placed on short-term disability leave. Ms. D[REDACTED]'s short-term disability leave expired on October 12, 2006. At this time, Ms. D[REDACTED] was unable to return to her job as an Aircraft Mechanic. Accordingly, Ms. D[REDACTED] was placed on Administrative Leave. Attached hereto as Exhibit 4 is a true and accurate copy of the letter that was sent to Ms. D[REDACTED] advising her that she would be placed on administrative leave.

7. As Program Coordinator of Benefits, I review return to work paperwork generated by the personnel specialists assigned to the benefits area. In March of 2005, I reviewed the return to work forms generated by Cathy Jeffers, the personnel specialist that met with Samuel P. Houston when he attempted to return to work. I did not meet with Mr. Houston regarding his return to work issues in March 2005 and I did not call the field managers listed on the "Return To Work Slip" attached hereto as Exhibit 5. Ms. Jeffers completed this form. My signature on this form simply indicates that I reviewed the form after Ms. Jeffers completed it.

8. I have read the foregoing affidavit and it is true and correct.

  
Penny Westrick

5-11-2007  
Date

STATE OF ALABAMA )

DALE COUNTY )

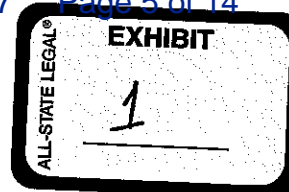
Before me the undersigned Notary for the said County and State did appear Penny Westrick, who being known to me did swear and affirm that the foregoing is true and complete, on this the 11<sup>th</sup> day of May, 2007.

NOTARY PUBLIC: Jane B. Sanders

My Commission Expires: 11-20-2007

## ARMY FLEET SUPPORT

## RETURN TO WORK SLIP



DATE: 6-28-04 TIME: 1:05pm Last Day Worked: 12-31-03

☒ Short-Term Disability ☒ FMLA ☐ OTJ Injury (use only if no Medical Pass) ☐ Other

EMPLOYEE NAME	NUMBER	CLASSIFICATION	LOCATION/SHIFT
<u>D. [REDACTED] D. [REDACTED]</u>	<u>014311</u>	<u>A/c mech</u>	<u>Hanchey-1</u>

☐ Authorized to return to work with **NO RESTRICTIONS** on \_\_\_\_\_

☐ Presently working and released from **RESTRICTED/LIGHT DUTY** on \_\_\_\_\_

☒ Authorized to return to work on 6-29-04 with the following **RESTRICTION/LIGHT DUTY**: No lift/push/pull > 20#, No outstretched reach, No overhead work, No repetitive motion w/arms + neck.

☒ Able to Accommodate Medical Restriction(s)? ☒ Can ☐ Cannot

• Per Field Representative (name/title): George Anderson, Field mgr

• Date 6-28-04

• Comments work until 8-3-04, surgery 8-5-04 [Revised 04-0010]

☐ Prescribed Medications N/A

• Non Narcotics: \_\_\_\_\_

• Narcotics: \_\_\_\_\_

**\*\*Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift\*\***

Employee Initials: \_\_\_\_\_

An employee returning with restrictions or assigned to light duty will not be entitled to work overtime in accordance with Article 11.1 of the Collective Bargaining Agreement, until Personnel receives a statement from the doctor stating the employee may return to normal duties.

Employees on Restricted Duty will be by-passed when scheduling or polling for overtime. If asked, the employee must refuse the overtime. In either case, whether by-passed, or asked and refused, the employee is not charged.

Manager, Personnel Services [Signature] Addison 12948

Benefits / Worker's Comp Representative [Signature] 020076 6-28-04

Original: Personnel File  
Copies: Finance & Accounting  
Department Head  
Employee

Form 01-288  
Rev. 1/30/04

Sam Houston/L3 Communications  
4448

## eld Notified

Date: \_\_\_\_\_ Method: ☐ Email ☐ Fax ☐ Phone

POC: \_\_\_\_\_

AME: P [REDACTED] D [REDACTED]

ADGENUMBER: 014311

SUPERVISOR: ANDERSON, JR GT

KILL: 01A AIRCRAFT MECHANIC

ONUS: ALIC: A PLIC: P

EPARTMENT: 11 AIRCRAFT MAINTENANCE-DIRECT

OCATION: 11 HANCHEYFIELD SHIFT: 1

AYROLL DATE: 06/28/04 EFFECTIVE DATE: 06/29/04

EASON FOR ACTION: RESTRICTIONS-NOLIFT/PUSH/PULL>20 LBS - NO OUTSTRETCHED  
REACH, NO OVERHEADWORK, NO REPETITIVE MOTION W/ARMS& NECK

ESTRICTED DUTY : R

PPROVED: [Signature] ROBERTA. WHITNEY \_\_\_\_\_ DARLENE SANDERS

COMPANYCONFIDENTIAL  
ARMY FLEET SUPPORTLLC 01-212

ec# 04-0010

*Temp Restriction  
till 11 Aug*

Diagnosis: \_\_\_\_\_

\_\_\_\_\_ Return for follow-up on \_\_\_\_\_ at \_\_\_\_\_ am/pm.  
 \_\_\_\_\_ Return to company nurse for follow-up.  
 \_\_\_\_\_ Discharged. No further treatment anticipated at this time.  
 \_\_\_\_\_ Scheduled for following test: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ Unable to work because:  
     \_\_\_\_\_ Unable to be up > 4 hours continuously.  
     \_\_\_\_\_ Needs complete bed rest.  
     \_\_\_\_\_ Severe pain or medication effect.  
     \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 \_\_\_\_\_ Unable to work until:  
     \_\_\_\_\_ ( ) days (see restrictions below for work return)  
     \_\_\_\_\_ Next clinic visit

Return to modified duty with the following restrictions (today unless noted different, restrictions are good through next appointment):

- ☒ No lifting > than 20 lbs.
- ☐ No pushing or pulling > 20 lbs.
- ☐ May increase lifting/pushing/pulling as pain decreases
- ☐ Alternate standing & sitting to decrease pain
- ☐ Sitting job only
- ☐ No standing/walking > \_\_\_\_\_ minutes per hour
- ☒ No outstretched reaching or work above shoulder level
- ☐ No truck driving
- ☐ Elevate affected area as needed
- ☐ No use of right/left \_\_\_\_\_
- ☐ No excessive bending at waist
- ☐ No excessive kneeling/crawling/squatting on knees.
- ☐ Limit shifts to 8/4 hours per 24
- ☐ Must wear brace/splint at work
- ☐ Use crutches/cane for walking
- ☐ No ladder or repetitive stair climbing
- ☐ No repetitive wrist movement or forceful finger grasping
- ☐ Must keep affected area/cast clean and dry

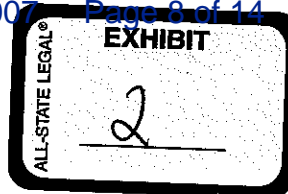
COMMENTS: NO repetitive motion w/ arms & neck  
pt. having surgery 8-5-04; allow pt to work until  
8-3-04.

Auburn Office  
101 E. University Drive • Auburn, Alabama • 36832-6725  
334/826-2090 • Nationwide WATS: 1-800-331-2910 • FAX: 334/821-3191 • <http://www.hughston.com>

Sam Houston/L3 Communications  
4450

## ARMY FLEET SUPPORT

## RETURN TO WORK SLIP

DATE: 02-22-05

TIME: \_\_\_\_\_

Last Day Worked: 08-10-04
☒ Short-Term Disability
 ☐ FMLA
 ☐ OTJ Injury (use only if no Medical Pass)
 ☐ Other

EMPLOYEE NAME	NUMBER	CLASSIFICATION	LOCATION/SHIFT
<u>D. [redacted] P. [redacted]</u>	<u>014311</u>	<u>A/c Mech</u>	<u>Hanley-1</u>

☐ Authorized to return to work with **NO RESTRICTIONS** on \_\_\_\_\_

☐ Presently working and released from **RESTRICTED/LIGHT DUTY** on \_\_\_\_\_

☒ Authorized to return to work on 02-23-05 with the following **RESTRICTION/**  
**LIGHT DUTY:** no lifting over 25 lbs - no climbing - No  
excessive bending
☐ Able to Accommodate Medical Restriction(s)? ☒ Can ☐ Cannot

 • Per Field Representative (name/title): George Anderson

• Date: \_\_\_\_\_

 • Comments: Rec # 05-0149
☐ Prescribed Medications

• Non Narcotics: \_\_\_\_\_

 • Narcotics: Morphine Sulfate
**\*\*Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift\*\***

 Employee Initials: PD

An employee returning with restrictions or assigned to light duty will not be entitled to work overtime in accordance with Article 11.1 of the Collective Bargaining Agreement, until Personnel receives a statement from the doctor stating the employee may return to normal duties.

Employees on Restricted Duty will be by-passed when scheduling or polling for overtime. If asked, the employee must refuse the overtime. In either case, whether by-passed, or asked and refused, the employee is not charged.

 Manager, Personnel Services [Signature] 020314

Benefits / Worker's Comp Representative \_\_\_\_\_

 Original: Personnel File  
 Copies: Finance & Accounting  
 Department Head  
 Employee

 Form 01-288  
 Rev. 1/30/04

## Ield Notified

Date: \_\_\_\_\_

Method: ☐ Email ☐ Fax ☐ Phone

POC: \_\_\_\_\_

 Sam Houston/L3 Communications  
 4451





UGHSTON

The Houston Clinic, P.C.

Albany Office 229/483-0055	Cordele Office 229/276-0107	Valdosta Office 229/333-9736
Auburn Office 334/826-2090	LaGrange Office 706/812-2693	Vidalia Office 912/538-0333
Columbus Main Office 706/324-6661	St. Francis I, Bldg. G 706/323-5717	

DATE 2/10/05 Updated 07/03  
 NAME [REDACTED]  
 ADDRESS \_\_\_\_\_

R

She can return to  
 work as of 2/15/05  
 No lifting above 25 lbs.  
 No climbing, No excessive bending

Label  
 Refill \_\_\_\_\_ Times  
 No Refill \_\_\_\_\_

Generic Substitution Permitted

M.D. Dispense As Written

*[Handwritten signature]*  
 D. Keener

DIANA M. MANCUSO, M.D.  
 4800 W. MAIN, SUITE 16  
 DOTHAN, AL 36305-1019

(884) 793-4120 DEA # AM 8975082  
 L.C. # 4436 (AL)

---

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DATE 2/21/05  
 RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND

**R**

*[Redacted]* *[Redacted]*

*was hospitalized*  
*2/14/05 - 2/21/05 and*  
*may return to*  
*work Wed. 2/23/05*

*[Signature]*

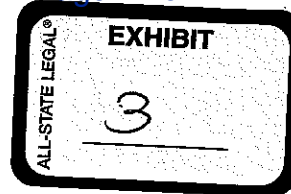
Refill \_\_\_\_\_ times  
☐ Label

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PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN  
 3AFP1187466

## ARMY FLEET SUPPORT

## RETURN TO WORK SLIP

DATE: 01-11-06TIME: 12:41Last Day Worked: 07-15-05

☐ Short-Term Disability ☐ FMLA ☐ OTJ Injury (use only if no Medical Pass) ☐ Other

EMPLOYEE NAME	NUMBER	CLASSIFICATION	LOCATION/SHIFT
<u>[Redacted]</u>	<u>014311</u>	<u>A/c Nock</u>	<u>Hanckey - 1</u>

- ☐ Authorized to return to work with **NO RESTRICTIONS** on \_\_\_\_\_
- ☐ Presently working and released from **RESTRICTED/LIGHT DUTY** on \_\_\_\_\_

- ☒ Authorized to return to work on 12-27-05 with the following **RESTRICTION/LIGHT DUTY**: NO lifting over 20 lbs - No repetitive bending for 3 months

- ☒ Able to Accommodate Medical Restriction(s)? ☒ Can ☐ Cannot Record # 06-0350
- Per Field Representative (name/title): Bonwell Green
  - Date 01-11-06
  - Comments Mr. Green had previously denied accommodation

- ☐ Prescribed Medications for restrictions on 12-22-05
- Non Narcotics: \_\_\_\_\_
  - Narcotics: \_\_\_\_\_

**\*\*Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift\*\***

Employee Initials: \_\_\_\_\_

An employee returning with restrictions or assigned to light duty will not be entitled to work overtime in accordance with Article 11.1 of the Collective Bargaining Agreement, until Personnel receives a statement from the doctor stating the employee may return to normal duties.

Employees on Restricted Duty will be by-passed when scheduling or polling for overtime. If asked, the employee must refuse the overtime. In either case, whether by-passed, or asked and refused, the employee is not charged.

Manager, Personnel Services \_\_\_\_\_

Benefits / Worker's Comp Representative Penny Westrick 015702

Original: Personnel File  
Copies: Finance & Accounting  
Department Head  
Employee

Form 01-288  
Rev. 1/30/04

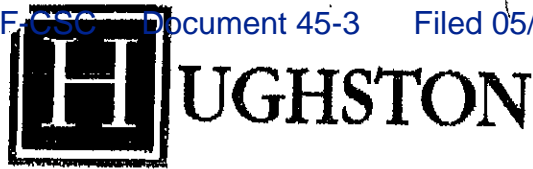
**Field Notified**

Date: \_\_\_\_\_

Method: ☐ Email ☐ Fax ☐ Phone

POC: \_\_\_\_\_

Sam Houston/L3 Communications  
4454



John D. Dorchak, M.D.

December 22, 2005

RE: P. D. [REDACTED]  
Chart No: 497498

To: Whom It May Concern

P. D. [REDACTED] is a patient of mine at The Hughston Clinic in Columbus, Ga. She underwent an anterior cervical fusion on 8/12/04. She can return to work as of 12/27/05 with no lifting greater than 20 pounds and no repetitive bending. These restrictions are in effect until three months from now.

If you have any further questions, you can contact me at (706) 494-3257.

Sincerely,

John D. Dorchak, M.D.

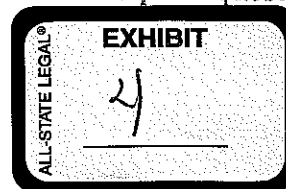
Columbus Main Clinic  
6262 Veterans Parkway ~ P.O. Box 9517 ~ Columbus, Georgia 31908-9517  
706/324-6661 ~ WATS: 800/331-2910 ~ <http://www.hughston.com>

Sam Houston/L3 Communications  
4455

October 19, 2006

Certified Mail – Return Receipt Requested

Ms. P [REDACTED] D [REDACTED]

**REDACTED**

Dothan, AL

Dear Ms. D [REDACTED],

Your status will be changed effective 10/12/06, from medical leave of absence to administrative termination. This change is for administrative reasons only and will not affect your rights in accordance with article 4.6(d) of the Collective Bargaining Agreement.

In accordance with Article 25.10(d) of the Collective Bargaining Agreement, you are eligible for extended insurance benefits until on or around 04/05/2011, by paying the full cost of premiums. Following is a list of your insurance. You may continue all or part of this coverage. *Please Note:* You can only keep life if you keep the health insurance through the company\*.

Health (Employee Only):	\$306.00
RX Card (Employee Only):	\$ 12.00
Vision (Employee Only):	\$ 6.29
Safety Eyewear (Employee Only):	\$ 1.24
Dental (Enhanced Employee):	\$ 35.93
Personal Accident (Employee - \$300,000):	\$ 6.00
**Basic Employee Life:	\$ 14.15
Accidental Death & Dismemberment:	\$ 0.95
**Optional Employee Life:	\$ 19.40
<b>TOTAL Monthly Premium:</b>	<b><u>\$401.96</u></b>

*Please complete the enclosed Employee Continuation Enrollment Form, indicating the coverage you elect to continue or decline, and return to our office as soon as possible. If we do not receive this form back within 10 days, we will assume you do not wish to continue any coverage and your insurance will be cancelled. However, please be advised that your insurance account is currently past due for May-October in the amount of \$546.08. Attached you will find a detailed payment history indicating same. In accordance with article 25.10(b) of the Collective Bargaining Agreement, this amount must be paid in full immediately to avoid cancellation of benefits.*

\*Once you receive a Waiver of Premium, your life insurance benefits continue to the age of 65 (if you remain disabled) whether or not you continue your health insurance benefits.

\*\*If you were under age 60 at the time your leave of absence began, a request for Waiver of Premium has been submitted to Minnesota Life for your life insurance coverage. Upon receipt of an approval letter from Minnesota Life we will notify you by mail, and you will no longer be required to pay your life insurance premiums.

You also have a legal entitlement to continue your medical, dental and vision coverages under COBRA by paying 102% of the above premium costs for 18 months. If you remain disabled at the end of 18 months, you would be eligible for extended COBRA coverage for up to a total of 29 months, assuming disability continues for this period. From the 19th to the 29th month, disability coverage under COBRA costs up to 150% of the full cost of the coverages. If you choose to elect coverage under the CBA instead of COBRA, your COBRA entitlement period will run concurrently with CBA coverage for the length of your COBRA entitlement. If you elect CBA coverage and that coverage ends for any reason prior to the end of your COBRA entitlement, you would be eligible for COBRA coverage for the balance of your COBRA entitlement. You will be provided more detailed information on COBRA under separate cover.

If you have any questions regarding this matter please call 334-598-0413.

Sincerely,

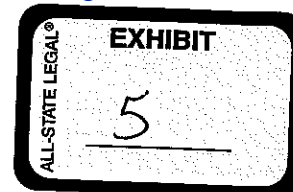
Lisa M. Beasley  
Personnel Specialist

cc: IAM Local 2003  
Manager, Hanchey  
Personnel File

Sam Houston/L3 Communications  
4456

## ARMY FLEET SUPPORT

## RETURN TO WORK SLIP

DATE: 03-14-05

TIME: \_\_\_\_\_

Last Day Worked: 09-02-04☒ Short-Term Disability☒ FMLA☐ OTJ Injury (use only if no Medical Pass)☐ Other

EMPLOYEE NAME

NUMBER

CLASSIFICATION

LOCATION/SHIFT

Houston, Samuel014332A/C Mech.ATTC 2

- ☐ Authorized to return to work with **NO RESTRICTIONS** on \_\_\_\_\_
- ☐ Presently working and released from **RESTRICTED/LIGHT DUTY** on \_\_\_\_\_
- ☒ Authorized to return to work on 03-14-05 with the following **RESTRICTION/**  
**LIGHT DUTY:** See attached

☐ Able to Accommodate Medical Restriction(s)? ☐ Can ☒ Cannot

• Per Field Representative (name/title): Don Dorley - ATTC

• Date: Bill Parsons - Lowe

• Comments: Larry Barkin - Cairns

☐ Prescribed Medications Bob Chipman - Knox

• Non Narcotics: Valium - Ft

• Narcotics: Valium - Flexcil - Motrin 800mg

**\*\*Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift\*\***

Employee Initials: [Signature]

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Manager, Personnel Services \_\_\_\_\_

Benefits / Worker's Comp Representative Penny Westrick 01502

Original: Personnel File  
Copies: Finance & Accounting  
Department Head  
Employee

Form 01-288  
Rev. 1/30/04

**Ield Notified**

Date: \_\_\_\_\_

Method: ☐ Email ☐ Fax ☐ Phone

Sam Houston v. L3  
Communications  
026

POC: \_\_\_\_\_